Form <b>4</b>	Γ	Wisconsin Exempt Organization Business Franchise or Income Tax Return     For 1999 or taxable year beginning, 1999, and ending, Due Date: 15th day of 5th month (4th month for certain trusts and IRAs) following close of taxable year.								199	99	)	
Check box if		Pla	ce label h	ere. Make neces	ype.	Federal Emp	loyer ID N	lumber					
name or address		Exer	npt Organiza	В	Seller's Perr	nit or Use	Tax Num	nber					
differs from th on last year's	Number and Street								er ID (Wit	hholding	) Numl	ber	
return		City				State	Zip Code			usiness A	ctivity Co	ode	
E Check Type of C		ition orpora	ation	Trust	F	Name of Trustee if Taxab	le as Trust	G	State and Ye	ear of Inco	rporation	1	
H Check applicab	le boxes	:		eturn - new organization eturn - organization dissol	lved	3 Short period - chan 4 Short period - stock	ge in accounting period purchase or sale						
I Check box	if this	is an ar	mended return,	attach an explanation of t	the changes, and	d see instructions		L.					
		Org	anization	s Taxable as Co	orporation	ns							
		1	Unrelated	1									
		2	Total net n	2									
ТАХ		3					ness taxable income						
COMPUTATI	ON	4											%
FOR		5											
(Trusts do not		6		• •	•								
lines 1 throug													
		8		6 of amount on line									
		9											
				lable credits from So									
		10				er than line 8, enter -	0 This is net tax		10				
				s Taxable as Tr									
ТАХ		11		business taxable inc									
COMPUTATI	ON	12	Additions from Schedule V, line 10										
FOR		13		11 and 12									
TRUSTS		14	Subtraction										
(Corporation not fill in line		15	Subtract lin	ne 14 from line 13. T		15							
through 18		16	Tax from ta	ax table on amount		16							
		17	Nonrefund	lable credits from Sc		17							
		18	Subtract lir	ne 17 from line 16. I	If line 17 is g	reater than line 16, e	nter -0 This is net tax	<b>(</b>	18				
		19											
		20		tax payments less r									
PAYMENTS AND	5			n amended return, se									
REFUNDABLE CREDITS		21		e credits from Sche									
		22		20 and 21		22							
		23											
							ter amount owed						
BALANCE D		24				-							
OR	°-	25		nent. If line 22 is larg	paid	25							
REFUND		26				000 estimated tax							
		27											
RECEIPTS	\$	28		•			S						
		Unc and	ler penalties to the best	any accon	npanying s	chedule	s and s	taten	nents,				
SIGNATURES		Sign	ature of Offic	er or Trustee		Title	Title				Date		
		Prep	arer's Signat	ure		Preparer's F	Preparer's Federal Employer ID Number						
		, Δ++	ach a cr	opy of your fe	adaral E	orm 990_T							IC-002
MAILING							epartment of Revenu		30x 8908 M	/ladison	WI 53		
WPC1	WPC		WPC3	For Department Use O	-				R				MAN
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	Schedule V – Trust Additions (See instructions, page 7)		Schedule X – Nonrefundable Credits (See instructions, page 5 or 8)							
1	Interest income (less related expenses)	1	Manufacturer's sales tax credit 1							
	from state and municipal obligations		Research expense credit							
2	State and local franchise or income taxes	-	(corporations only) 2							
3	Capital gain/loss adjustment	3	Research facilities credit							
4	Federal net operating loss carryover		(corporations only) 3							
5	Transitional adjustments	4	Community development finance credit (corporations only) 4							
6	Development zones credits	5	Development zones jobs credit 5							
7	Other refundable credits	6	Development zones sales tax							
8	Manufacturer's sales tax credit		credit 6							
9	Other:	7	Development zones investment credit							
		8	Development zones research credit							
		9	Development zones location credit. 9							
		10	Development zones day care credit							
10	Total (enter on page 1, line 12)	11	Development zones environmental							
	Schedule W – Trust Subtractions (See instructions, page 7)		remediation credit 11							
1	Interest income (less related expenses)	12	Development zones credit 12							
2	from United States government obligations	13	Supplement to federal historic rehabilitation tax credit 13							
	Capital gain/loss adjustment	14	Total nonrefundable credits (enter on page 1, line 9 or line 17) . <b>14</b>							
4	Transitional adjustments		Schedule Y – Refundable Credits							
5	Other:		(See instructions, page 9)							
			Farmland preservation credit 1							
			Farmland tax relief credit 2							
		3	Net income tax paid to other states (trusts only) 3							
		4	Total refundable credits							
6	Total (enter on page 1, line 14)		(enter on page 1, line 21)							
	Additional Infor	mat	ion Required							
1	Person to contact concerning this return:									
2	Name Location of books and records for audit purposes:		Phone # FAX #							
3	Attach a list of LLCs of which you are the sole owner. Have you in	clude								
4	Did you purchase any taxable tangible personal property or taxable services for storage, use, or consumption in Wisconsin without payment of a state sales or use tax? Yes No See General Instructions, page 4. (You will not be liable for Wisconsin use tax if you hold a Wisconsin Certificate of Exempt Status.)									
5	Did any adjustments made by the Internal Revenue Service to your income for prior years become finalized during this year?    Yes No If yes, see General Instructions, page 3, and indicate years adjusted:									
6	List the locations of your Wisconsin operations:									